

**MEDICATION OBSERVATION RECORD/
CAREGIVER REPORT**

Aide Signatures: _____ / _____ **Shift:** _____
_____ / _____ **Shift:** _____
Date: _____

X=completed, R=refused, O=out, N/A does not apply
Use comment area for unusual occurrences

Room: _____ Resident: _____
AM Meds _____ BKFST _____ Noon Meds _____ Lunch _____ PM Meds _____
Dinner _____ Bedtime Meds _____ Bath/SHWR _____ UNDRS/In Bed _____
Comments:

Room: _____ Resident: _____
AM Meds _____ BKFST _____ Noon Meds _____ Lunch _____ PM Meds _____
Dinner _____ Bedtime Meds _____ Bath/SHWR _____ UNDRS/In Bed _____
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Comments:

